



Healthy Native Babies Project **Materials Distribution Tracking Form**

The purpose of this form is to provide a framework for reporting on your *Healthy Native Babies Project* distribution activities funded by the resource stipend. Please call 1-888-996-9916 if you have any questions.

Tribe/Organization Name:

Contact Name:

City:

State and Zip Code:

Phone Number: (Including Area Code)

Email:

IHS Area:

Resource Stipend Report Components

Please respond to each of the following sections.

I. Materials Distributed – Please describe type and number of *Healthy Native Babies Project* materials that were made available for distribution, at locations or during events, and describe the number actually distributed to the target population, if known.

<i>Healthy Native Babies Project</i> (HNB) Material Type	Setting or Event	# Provided to Setting/ Event	# Distributed to target audience (if known)*
Example: Poster	Various community locations	20	20
Example: Brochure	Tribal Home Visiting Project	50	25

*The number distributed to target audience is the actual number of materials handed out. This number would be less than the number provided to the setting/event if there were leftover copies. Provide an estimate if exact number is not known.

* Public reporting burden for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0701). Do not return the completed form to this address.

II. Activities – Describe the community outreach activities conducted with your *Healthy Native Babies Project* resource stipend including the specific types of activities used to reach parents, caregivers, or hard to reach groups. Use the table to report the number of individuals reached through the outreach activities.

- Brief narrative:

Outreach Activity (e.g., home visit, community event)	Number of Individuals Reached				
	Parents/ Caregivers	Elders	Community at large	Service Providers	Other:

III. Results of Activities – If you conducted assessments of your organization’s outreach activities that used *Healthy Native Babies Project* materials, please describe your results. For example, please share the results of satisfaction assessments, feedback from parents or service providers on the *Healthy Native Babies Project* messages or materials, or pre and post-test results.

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IV. Distribution Successes and Challenges – Describe the successes and challenges you experienced in distributing *Healthy Native Babies Project* materials. Your responses will be used in the development of future *Healthy Native Babies Project* activities and resources.

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